


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90094 043 \*\*\*\*61.25

**DOCUMENT # 728726**

1. Entity Name  
**VILLA VILLAR HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**15 VILLA VILLAR COURT**  
**DELAND, FL US**

Mailing Address  
**15 VILLA VILLAR COURT**  
**DELAND, FL US**

2. Principal Place of Business  
*0 Villar Villar Ct*

3. Mailing Address  
*PO Box 730663*

Suite, Apt. #, etc.  
*Deland FL*

Suite, Apt. #, etc.  
*ORMOND BEACH FL*

City & State  
*Deland FL*

City & State  
*ORMOND BEACH FL*

Zip *32724* Country *Volusia*

Zip *32173* Country *Volusia*

6. Name and Address of Current Registered Agent  
**RANSBOTTOM, LUELLO**  
**99 OLD MILL RUN**  
**ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURKE, PATRICIA 23 VILLA VILLAR COURT DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NEILL, DOLORES 55 VILLA VILLAR COURT DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete HUGHES, ANNA 53 VILLAR CT DELAND, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JEANNE THOMSON 41 VILLA VILLAR COURT DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete WEBBER, BILLY 29 VILLA VILLAR CT. DELAND, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GISELA OEPFEN 16 VILLA VILLAR CT DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Dailey 45 VILLA VILLAR CT. DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Dolores O'Neill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/13/06* Daytime Phone # *386-822-9250*

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